Under the P	RANSMITTAL FORM  If all correspondence after initial filing)  of Pages in This Submission  23		Patent and Tillection of info 10/735,029 December Francisco 1745 Parsons, T	r 12, 2003 Javier Alday Lesaga Thomas H.						
Amendan  Amendan  Extension  Express  Informat  Certified Docume  Reply to Incomple	nsmittal Form  Fee Attached  nent/Reply  After Final  Affidavits/declaration(s)  on of Time Request  Abandonment Request  ion Disclosure Statement  Copy of Priority  Remark	Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence A Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on CD	n Address	After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):  -Replacement Drawings (2-sheets)						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name										
	Nields & Lemack									
Signature	Me		<del></del>							
Printed name	Kevin S. Lemack	17		T						
Date	September 13, 2006		Reg. No.	32,579						
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Kevin S. Lemack

Typed or printed name

Date

September 13, 2006

PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0651-0032

Date September 13, 2006

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FIEN	os ansolidated Appro		Complete if Known									
	Application Number 10/73			,025								
FEE TRANSMITTAL				Filing Date	Filing Date De		December 12, 2003					
	First Named Inventor France			isco Javier Alday Lesaga								
Applicant c	Examiner Na	ame	Parsons,	s, Thomas H.								
<del></del>	Art Unit 1745											
TOTAL AMOUN	T OF PAYMENT	20.00	Attorney Docket No. 593P012									
METHOD OF PAYMENT (check all that apply)												
✓ Check	Check Credit Card Money Order None Other (please identify):											
Deposit A	ccount Deposit Acc	ount Number: 14	-0930	Deposi	it Account N	ame: Nield	s & Le	emack				
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Credit any overpayments of fee(s) Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.												
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I. BASIC FILE		G FEES		RCH FEES	EXAI	MINATION	FEES	3				
Application	Type Fee (\$	Small Entity Fee (\$)	<u>Fee (</u>	Small Entity \$) Fee (\$)	L <u>Fee</u>	Small (\$) Fee		Fees Paid (\$)				
Utility	300	150	500	250	20							
Design	200	100	100	50	13							
Plant	200	100	300	150	16							
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2. EXCESS C						E	) (\$)	Small Entity				
Fee Descripti Each claim		Reissues)				<u> </u>	<del>эе (\$)</del> 50	<u>Fee (\$)</u> 25				
Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100												
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Total Claims	<u>Extra C</u> 20 or HP =	<u>(\$) Fe</u> _	e Paid (\$)	Paid (\$)			Multiple Dependent Claims Fee (\$) Fee Paid (\$)					
	mber of total claims pa		an 20.			<u></u>	3 <del>0</del> (\$)	Fee Pald (\$)				
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3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.												
3. APPLICATION SIZE FEE												
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer												
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).												
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = (found up to a whole number) x =												
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)												
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SUBMITTED BY												
Signature Registration No. 22 570 Telephone 509 909 1919												
	XXY			(Attomey/Agent)	32,379			200-030-1010				

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Name (Print/Type) Kevin S. Lemack